## N14000009464

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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Diocese of Orlando Catholic Charismatic Renewal Commission Inc.  NAME OF CORPORATION:				
N14000009464  DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted	for filing.			
Please return all correspondence concerning this matter to the	e following:			
Vincent Maldonado				
(Nam	e of Contact Person)			
Catholic Charismatic Renewal of Orlando, Inc.				
(1	Firm/ Company)			
P.O. Box 215				
	(Address)			
Windermere, Florida 34786				
(City/	State and Zip Code)			
orlandoccrc@aol.com				
E-mail address: (to be used for fu	ture annual report notification)			
For further information concerning this matter, please call:				
Vincent Maldonado	407 592-9091 at			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable	to the Florida Department of State:			
(Ad	.75 Filing Fee & Certificate of Status ditional copy is elosed)			

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Diocese of Orlando Catholic Charismatic Renewal Commission

(Name of Corporation as current	ly filed with the Florida Dept. of S	tate)
N14000009464		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpo</i>	ration adopts the following
A. If amending name, enter the new name of the corporation	on:	
Catholic Charismatic Renewal of Orlando, Inc.		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbre	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	
		7 (2) (1) (2) (1) (3)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
		는 개인 (구 6) (그 7) (공구)
D. If amending the registered agent and/or registered offic	e address in Florida, enter the nan	ne of the
new registered agent and/or the new registered office ac		
Name of New Registered Agent:	A/N	
New Registered Office Address:	(Florida street addre	ss)
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan		s of the position.
	NIA	
Si	gnature of New Registered Agent, if	changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Remove			
2) Change		A (M	
AddRemove		All A	
3) Change Add			
Remove 4) Change Add		NIA	
Remove			
5) Change Add		NA	
Remove		<b>.</b>	
6)Change			
Add			
Remove			·

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	e date of each amen e this document was	signed.	, if other than the
Eff	ective date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, thate on the Department of State's records.	nis date will not be listed as the
Ado	option of Amendme	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the ame t for approval.	endment(s)
	There are no memi	vas/were	
	Dated	4/4/16	
	Signature		
	l	(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, troother court appointed fiduciary by that fiduciary)	
		Vincent Maldonado	
		(Typed or printed name of person signing)	
		Administrator of Operations	
		(Title of person signing)	